

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-373)**

SERIAL NO.
091463801
APPLICANT(S)

FILING DATE

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		CLAIMS
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
1	1		1				
2		1		1			
3		2		2			
4		2		2			
5		1		2			
6		1		2			
7		1		2			
8		1		2			
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49							
50							
TOTAL IND.	1		1				
TOTAL DEP.	22		38				
TOTAL CLAIMS	23		39				

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		CLAIMS
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
51							
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98							
99							
100							
TOTAL IND.							
TOTAL DEP.	2						
TOTAL CLAIMS	3						

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